User Manual (indicative) for Online submission of application in WBPDMAT 2015 to fill up DM/MCh seats in West Bengal

First, the willing candidates must click on to the WBUHS website www.wbuhsexams.in → there click on the link for Online Application WBPDMAT 2015 → The following webpage will be available.

For new user click on to the Generate Identification No link.

*Marked fields are essential information.

Select either D.M. or M.Ch for course application box.

If it is for DM then Qualification is either DNB or MD and if it is for M Ch then qualification is either DNB or MS.

West Bengal University of Health Sciences
DD Block, Sector-1, Salt Lake City, Kolkata, West Bengal 700064

You are on Home: / WBUHS

DM/M.Ch Registration 2015
* is required field .

* Course Applying For :	DM
* Qualification :	MD
* Passed Out University /Board :	WBUHS
* Candidate's Name :	Dr. TEST
* Father's Name :	TEST TEST
* Gender :	Male
* Date of Birth :	31 12 1980
* Mobile No. :	9830098300
* Mail ID :	test@gmail.com

SUBMIT ✔   RESET ↻

Fill the required fields and then click on the "Submit" button. Else reset if put wrong information. Once submitted you cannot change the information.

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You are on Home: / WBUHS

DM Registration 2015   Home

✔ Dear Candidate ,
   Congratulations!! Your Identification Number successfully generated for DM 2015 .
   Save your Identification No. /User Id for any communication with University.

Identification No. /User Id & Password

Your Identification No. /User ID :   **D1506310055**

Your Password :   **6BVF8HVH**

Login Here

Save your Identification No. /User Id & Password .

You will get unique ID /user Id number and password with which you can log in at once.

Save the user id and password for future use.

After putting user id and password then click Login else reset. If forgotten password then can click Forgotten your password? Link.

For first time login you will have to change your password provided by the system. Please keep the new password safe with you and do not share with others. Click submit.

DM/M.Ch Registration 2015
Change Password [First Time Login]

✔ Password change successfully !

Login Here

West Bengal University of Health Sciences

Click on to the "Login here" button.

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DD Block, Sector-1, Salt Lake City, Kolkata, West Bengal 700064

You are on Home: / WBUHS

WB Post Doctoral Medical Admission - 2015

CANDIDATE LOGIN

Enter Identification Number/User ID : D1506310055

Password : ●●●●●●●

LOGIN RESET

Forgotten your password?

Login now with newly created password by yourself.

A page will now be displayed with 21 points. Point no 1-9 is pre filled from your information provided so far.

West Bengal University of Health Sciences

DD Block, Sector-1, Salt Lake City, Kolkata, West Bengal 700064

DM Registration 2015

Registration Information

1.	Course Applying For :	DM
2.	Qualification :	MD
3.	Passed Out University /Board :	WBUHS
4.	Applicant's Name :	TEST
5.	Father's Name :	TEST TEST
6.	Gender :	Male
7.	Date of Birth :	31/12/1980
8.	Mobile No. :	9830098300
9.	Mail ID :	test@gmail.com

Fill Information

Let us come to point no 10-21 one by one now:-

Fill Information

10. Academic Qualification :-

-Select-
-Select-
MD – General Medicine
MD – Paediatric Medicine
MD – Pharmacology
MD – Anaesthesiology
MD – Respiratory Medicine
MD – Pathology
MD – Biochemistry

11. Name of the Institution of Post Graduate Qualification :-

12. Date/likely date of completion of MD/DNB Course :

13. Is the candidate pursuing any other course ?(viz PD, Ph.D etc) :

14. Whether attached with Health and Family Welfare Department :-   ○ Yes   ○ No

15. Medical Registration No. :-

16. Date of Registration:-   DD ▾   MM ▾   YYYY ▾

17. Name of the Council of Registration :-

General Information

10. Academic Qualification :-   [MD - General Medicine ▾]

SL	Group	Option Name	Add
1	Group A	Endocrinology	ADD ✚
2	Group A	Medical Gastroenterology	ADD ✚
3	Group A	Neurology	ADD ✚
4	Group A	Hepatology	ADD ✚
5	Group A	Nephrology	ADD ✚
6	Group A	Rheumatology	ADD ✚
7	Group A	Cardiology	ADD ✚
8	Group B	Clinical Haematology	ADD ✚

Choice basket will be available according to academic qualification. Click on to ADD + button to add as many choices as you want to contest (available to you).

SL	Group	Option Name	Add
1	Group A	Endocrinology	ADD ✚
2	Group A	Medical Gastroenterology	ADD ✚
3	Group A	Neurology	ADD ✚
4	Group A	Hepatology	ADD ✚
5	Group A	Nephrology	ADD ✚
6	Group A	Rheumatology	ADD ✚
7	Group A	Cardiology	ADD ✚

sl	Activity	Priority SL	Option	Group	Amount(Rs.
1	Delete	1	Endocrinology	GA	5000
2	Delete	2	Medical Gastroenterology	GA	1000
3	Delete	3	Neurology	GA	1000
4	Delete	4	Hepatology	GA	1000
5	Delete	5	Nephrology	GA	1000
6	Delete	6	Rheumatology	GA	1000
7	Delete	7	Cardiology	GA	1000
8	Delete	8	Clinical Haematology	GB	5000

Name of the Institution of Post Graduate Qualification :-   [   ]

Date/likely date of completion of MD/DNB Course :   [DD ▾] [MM ▾] [YYYY ▾]

Is the candidate pursuing any other course ?(viz PD, Ph.D etc) :   ○ Yes   ○ No

Whether attached with Health and Family Welfare Department :-   ○ Yes   ○ No

The amount payable is indicated. You have to pay between Rs 5000 to Rs 16000 depending on the number of subjects you choose. See information booklet WBPDMAT 2015 for further details. You can also delete subject after choosing if not want to continue with.

SL	Group	Option Name	Add
1	Group A	Endocrinology	ADD
2	Group A	Medical Gastroenterology	ADD
3	Group A	Neurology	ADD
4	Group A	Hepatology	ADD
5	Group A	Nephrology	ADD
6	Group A	Rheumatology	ADD
7	Group A	Cardiology	ADD

sl	Activity	Priority SL	Option	Group	Amount(Rs.
1	Delete	1	Endocrinology	GA	5000
2	Delete	2	Medical Gastroenterology	GA	1000
3	Delete	3	Neurology	GA	1000
4	Delete	4	Hepatology	GA	1000
5	Delete	5	Nephrology	GA	1000
6	Delete	6	Rheumatology	GA	1000
7	Delete	7	Cardiology	GA	1000

Here Clinical Hematology has been deleted by the candidate.

Points no 11-17 are filled as above by the candidate.

Similarly points no 18-21 are to be filled as above. Now click "View"

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DM Registration 2015

View Information for Candidate

Registration Information

Course Appling For :	DM
Qualification :	MD
Passed Out University /Board :	WBUHS
Applicant's Name :	TEST
Father's Name :	TEST TEST
Gender :	Male
Date of Birth :	31/12/1980
Mobile No. :	9830098300
Mail ID :	test@gmail.com

Category Information

Option/Academic Qualification :-   MD - General Medicine

sl	Priority SL	Option	Amount(Rs.)
1	1	Endocrinology	5000
2	2	Medical Gastroenterology	1000
3	3	Neurology	1000
4	4	Hepatology	1000
5	5	Nephrology	1000
6	6	Rheumatology	1000
7	7	Cardiology	1000

Name of the Institution of Post Graduate Qualification :-	IPGMER Kolkata
Date/likely date of completion of MD/DNB Course :	30/06/2015
Is the candidate pursuing any other course ?(viz PD, Ph.D etc) :	No
Whether attached with Health and Family Welfare Department :-	No
Medical Registration No. :-	10000
Date of Registration:-	30/06/2012
Name of the Council of Registration :-	WBMC

Other Information

Nationality :	Indian
Religion :	Hindu

Communication Information

Communication Address		Permanent Address	
Address :	Test Test	Address :	Test Test
State :	West Bengal	State :	West Bengal
City :	Kolkata	City :	Kolkata
Pincode No. :	700001	Pincode No. :	700001

SUBMIT ✔   RESET ↻

West Bengal University of Health Sciences

Click on to "Submit" button if all OK.

Nationality :   Indian
Religion :   Hindu

Communication Information

Communication Address

Check/verify all information. After submission, you cannot change/update/edit.

[OK]   [Cancel]

Address :   Test Te...   Test Test
State :   West Be...   West Bengal
City :   Kolkata...   Kolkata
Pincode No. :   700001   Pincode No. :   700001

[SUBMIT ✔]   [RESET ↻]

West Bengal University of Health Sciences

West Bengal University of Health Sciences

DD Block, Sector-1, Salt Lake City, Kolkata, West Bengal 700064

Online Application for DM 2015

✔ Dear Candidate ,
Congratulations!! You have filled all information successfully for DM 2015 .
Acknowledgement No. - 1506030079

Option Name	Group	Ch SL	Choice Name	Amount (Rs.)
General Medicine	Group A	1	Endocrinology	5000.00
General Medicine	Group A	2	Medical Gastroenterology	1000.00
General Medicine	Group A	3	Neurology	1000.00
General Medicine	Group A	4	Hepatology	1000.00
General Medicine	Group A	5	Nephrology	1000.00
General Medicine	Group A	6	Rheumatology	1000.00
General Medicine	Group A	7	Cardiology	1000.00
			Total Amount :-	11000.00
			Select Payment Mode	

The total amount payable is indicated. Now select payment mode.

			Total Amount :-	11000.00

Select Payment Mode

◉ Online Payment   ◯ Challan Mode

SUBMIT ✔

West Bengal University of Health Sciences

Credit Card		

▦ Credit Card ◄

▦ Debit Card

▦ Debit Card + ATM PIN

⌂ Internet Banking

Pay by Credit Card

VISA MasterCard

Card Number

Enter card number

Merchant Name

THE WEST BENGAL UNIVERSITY OF HEALTH SCIENCES - EXAMINATION

Payment Amount: ₹ 11000.00

VISA everywhere you want to be

Expiration Date   **CVV/ CVC**

Month   Year

Card Holder Name

Enter card holder name

Make Payment

Cancel

Powered by
BillDesk
All your payments, Single location

One example is shown (purely indicative). Once paid then transaction id will be generated and the candidate will now be able to upload recent photograph and scanned signature. Then print option will be availed to print the hard copy of the form.

▦ Credit Card ◄

▦ Debit Card

▦ Debit Card + ATM PIN

⌂ Internet Banking

Pay by Credit Card

VISA MasterCard

Card Number

5600-2345-1800-2345

Merchant Name

THE WEST BENGAL UNIVERSITY OF HEALTH SCIENCES - EXAMINATION

Payment Amount: ₹ 11000.00

VISA everywhere you want to be

Expiration Date   **CVV/ CVC**

06 (Jun)   2030   •••

Card Holder Name

Test

Make Payment

Cancel

Powered by
BillDesk
All your payments, Single location

If you select challan mode the following has to be clicked:-

Congratulations!! You have filled all information successfully for DM 2015 .
Acknowledgement No. - 1506030079

Option Name	Group	Ch SL	Choice Name	Amount (Rs.)
General Medicine	Group A	1	Endocrinology	5000.00
General Medicine	Group A	2	Medical Gastroenterology	1000.00
General Medicine	Group A	3	Neurology	1000.00
General Medicine	Group A	4	Hepatology	1000.00
General Medicine	Group A	5	Nephrology	1000.00
General Medicine	Group A	6	Rheumatology	1000.00
General Medicine	Group A	7	Cardiology	1000.00
			Total Amount :-	11000.00

Select Payment Mode

○ Online Payment   ● Challan Mode

SUBMIT ✓

Print

CANDIDATE COPY	UNIVERSITY COPY	THE WEST BENGAL UNIVER
THE WEST BENGAL UNIVERSITY OF HEALTH SCIENCES	THE WEST BENGAL UNIVERSITY OF HEALTH SCIENCES	THE WEST BENGAL UNIVER

THE WEST BENGAL UNIVERSITY OF HEALTH SCIENCES
DD – 36, Sector – 1, Salt Lake, Kolkata 700 064
Official Website:: - http://www.wbuhs.ac.in □: 2321-3461 □+ Fax: 2358- 0100

**** Amount to be transferred to****

United Bank of India
Salt Lake Branch (A/c No- 0720051072703)
Bank Officials: Please use "PAYFEE" menu & Module "WBUHS_703"

DM

Date : 16/04/2015

ACK No.   : 1506030079
Candidate Name   : TEST
Course Applied   : DM
Category   : Endocrinology+6
Mobile No.   : 9830098300
Email ID   : test@gmail.com

Amount Details		
Sl	Head	Amount(Rs.)
1	Fees	11000.00
2	Service Charge	30.00
	Total :	11030.00

Amount in world :- ELEVEN THOUSAND AND THIRTY Only

Challan will be generated in triplicate. Take print out. One copy is for bank, one copy is for reporting center/WBUHS and one copy for self. Bank service charge applicable extra.

ACK No.	: 1506030079				ACK No.	: 1506030079				ACK No.	: 15060.
Candidate Name	: TEST				Candidate Name	: TEST				Candidate Name	: TEST
Course Applied	: DM				Course Applied	: DM				Course Applied	: DM
Category	: Endocrinology+6				Category	: Endocrinology+6				Category	: Endoc
Mobile No.	: 9830098300				Mobile No.	: 9830098300				Mobile No.	: 983009
Email ID	: test@gmail.com				Email ID	: test@gmail.com				Email ID	: test@

Amount Details (left & middle copies)

Sl	Head	Amount(Rs.)
1	Fees	11000.00
2	Service Charge	30.00
	Total :	11030.00

Amount in world :- ELEVEN THOUSAND AND THIRTY Only

Signature of the depositor

(To be filled by the bank)

Branch Name : ....

Transaction ID. : ....

Deposit Date : ....

Authorized Signatory with Stamp

Bank authority will write the transaction id in the space given below.

The candidates can complete rest of the formalities only in next day of challan payment in bank after the transaction id is uploaded in website.

West Bengal University of Health Sciences
DD Block, Sector-1, Salt Lake City, Kolkata, West Bengal 700064

You are on Home: / WBUHS

Online Form Submission WB Post Doctoral Medical Admission - 2015

Login
If you are an existing user, Click Login Here .

Login Here

Generate Identification No.
If you are New User click Generate Identification No. and generate Identification No.

Generate Identification No.

West Bengal University of Health Sciences

For subsequent use of the candidate who have successfully registered, "Login Here" button can be used.

If you put wrong password the following will be shown. Use forgotten password link.

If correct user id and password put then the following page will appear:-

The menu available in the left hand side can be utilized. After successful payment the payment status will be "paid" from "unpaid" and one can upload photo and signature.

If payment is successful and uploaded in website putting acknowledge no as shown and clicking "Search" button will show your transaction id. If any mismatch use the id shown here for further usage.

Clicking to view application yields the printable format as shown above. The lower part of the printable form is displayed below:-

| 8. Qualification : | MD | 9.Passed Out University /Board : | | WBUHS |

Qualification	Group	Choice SL	Subject
General Medicine	Group A	1	Endocrinology
General Medicine	Group A	2	Medical Gastroenterology
General Medicine	Group A	3	Neurology
General Medicine	Group A	4	Hepatology
General Medicine	Group A	5	Nephrology
General Medicine	Group A	6	Rheumatology
General Medicine	Group A	7	Cardiology

10.Option/Academic Qualification :-

Communication Information

11.Communication Address		12.Permanents Address	
Address	TEST TEST	Address	TEST TEST
State	32	State	32
City	KOLKATA	City	KOLKATA
Pincode No.	700001	Pincode No.	700001

Education Information

13.Name of the Institution of Post Graduate Qualification :-	IPGMER KOLKATA
14.	30/06/2015
15.Is the candidate pursuing any other course ?(viz PD, Ph.D etc) :	NO
16.Whether attached with Health and Family Welfare Department :-	NO
17.Medical Registration No. :-	10000
18.Date of Registration:-	30/06/2012

THE WEST BENGAL UNIVERSITY OF HEALTH SCIENCES

Address:- DD - 36, Sector - 1, Salt Lake, **Kolkata - 700 064**
E.P.B.X. No.: (033) 2321- 3461 / 2334- 6602

Course Appling For :- DM	ACKNOWLEGMENT NO. :- 1506030079
Registration No. :- D1506310055	Date :- 16/04/2015

Passport size photo
to be attested
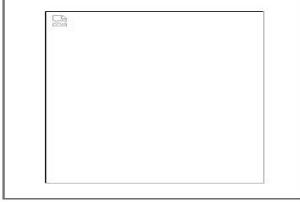
Affix same picture in the box provided to the left of the scanned picture box after print out.

DECLARATION BY THE CANDIDATE

I do herby declare that the statements made by me in the application are true, complete and correct in case, it is detected at any point of time that any of the above statements made by me is false and/or incorrect, my candidature is liable to be cancelled without further reference to me. I shall be abiding by the stipulations of the University which will be in force from time to time for the purpose of admission and continuation of the course(s) for which I have applied.

Date:	Place :
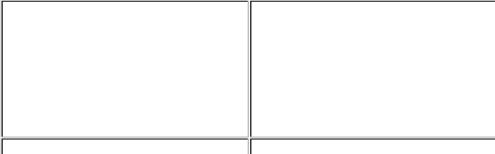
Left thumb impression of the candidate
(Impression should be confined within the box and distinct)

Signature of the candidate(full name)
(Signature should be confined within the box)

Spaces are there for scanned signature; LTI after taking print out; Signature after taking print out. Hard copy of the form should reach the WBUHS by hand or post within stipulated days.